

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034898

1. Entity Name

BULLDOG OF PALM BEACH COUNTY, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90094 032 ***150.00

Principal Place of Business

324 DATURA STREET
SUITE 300
WEST PALM BEACH FL 33401

Mailing Address

324 DATURA STREET
SUITE 300
WEST PALM BEACH FL 33401-5416

2. Principal Place of Business

3. Mailing Address

224 DATURA ST #1313

224 DATURA ST #1313

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach, FL

Zip
33401

Country

U.S.

City & State

West Palm Beach

Zip
33401

Country

U.S.

4. FEI Number

N/A

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHESHIRE, ERIC C
324 DATURA STREET
SUITE 300
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name Peter Green

Street Address (P.O. Box Number is Not Acceptable)

224 DATURA ST #1313

City

West Palm Beach

FL

Zip Code

33401

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PVST
NAME GREEN, PETER
STREET ADDRESS 324 DATURA STREET #300
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

TITLE D
NAME GREEN, PETER
STREET ADDRESS 324 DATURA STREET #300
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/17/00

Daytime Phone #

561-242-5054

CR2E034 (9/99)